

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						FILING DATE 09/763348					
CLAIMS						* * *					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND..	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51					
2		1				52					
3						53					
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45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
51	1					TOTAL IND.					
52						TOTAL DEP.					
53						TOTAL CLAIMS					